



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Heinrich *et al.*: Art Unit:  
Serial No. 09/329,557 : Examiner:  
Filed: 06/10/1999 : Atty's Docket: TDA-23  
For: System for Reducing Aliasing on a Display Device

TECH CENTER 1600/2900

SEP 25 2001

RECEIVED

REQUEST FOR CORRECTED  
OFFICIAL FILING RECEIPT

Honorable Commissioner of Patents and Trademarks  
Washington, DC 20231

Sir:

The Commissioner is respectfully requested to issue a corrected Official Filing Receipt in the above-identified case. No fee is believed to be due, but any necessary fee is hereby authorized to be charged to Deposit Account Number 07-2320.

The error complained of is as follows:

The mailing address should be:

Robert Groover Groover  
17000 Preston Road, #230  
Dallas TX 75248  
(972) 380-6333

RECEIVED  
OCT 03 2001  
Technology Center 2600

Respectfully submitted,

Robert Groover, Registration No. 30,059  
Attorney for Applicant

17000 Preston Rd. #230, Dallas TX 75248  
972-380-6333

Date: September 6, 2001

**FILE COPY**

## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8245

<b>SERIAL NUMBER</b> 09/329,557	<b>FILING DATE</b> 06/10/1999 <b>RULE</b> 1.47	<b>CLASS</b> 548	<b>GROUP ART UNIT</b> 1613	<b>ATTORNEY DOCKET NO.</b> TDA-23
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**APPLICANTS**  
 STEVEN J. HEINRICH, HUNTSVILLE, AL;  
 MARK A. MOSLEY, GUNTERSVILLE, AL;  
 CLIFFORD A. WHITMORE, HUNTSVILLE, AL;  
 JAMES L. DEMING, MADISON, AL;  
 STEWART G. CARLTON, HARVEST, AL;  
 MATT E. BUCKELEW, MADISON, AL;  
 DALE L. KIRKLAND, MADISON, AL;  
 TIMOTHY S. JOHNSON, HUNTSVILLE, AL;

**\*\* CONTINUING DATA \*\*\*\*\*** *PN*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *PL*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 07/15/1999**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Shu</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 83	<b>INDEPENDENT CLAIMS</b> 12
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**ADDRESS**  
 ROBERT GROOVER  
 17000 PRESTON ROAD, #230  
 DALLAS, TX 75248

**TITLE**  
 SYSTEM FOR REDUCING ALIASING ON A DISPLAY DEVICE

<b>FILING FEE RECEIVED</b> 2726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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